AGENCY CUSTOMER ID: _____

# AVIATION INJURED SCHEDULE

Page ____ of ____

| AGENCY | | NAMED INSURED | |
|---|---|---|---|
| POLICY NUMBER | EFFECTIVE DATE | CARRIER | NAIC CODE |

**INJURED**

| # | NAME AND ADDRESS | PHONE (A/C, No.) | INJURED LOCATION | AGE | EXTENT OF INJURY |
|---|---|---|---|---|---|
| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
| | | CELL: | ☐ | | |
| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
| | | CELL: | ☐ | | |
| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
| | | CELL: | ☐ | | |
| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
| | | CELL: | ☐ | | |
| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
| | | CELL: | ☐ | | |
| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
| | | CELL: | ☐ | | |
| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
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| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
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| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
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| | | HOME: | ☐ INSURED AIRCRAFT | | |
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| | | BUS: | ☐ OTHER AIRCRAFT | | |
| | | CELL: | ☐ | | |
| | | HOME: | ☐ INSURED AIRCRAFT | | |
| | | BUS: | ☐ OTHER AIRCRAFT | | |
| | | CELL: | ☐ | | |


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